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Writing a New Story:
Culturally Competent Care for American Indians and Alaska Natives

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I can tell you a lot about how this country is a pretty bad place for many people to live. I can tell you stories about violence and hatred, about death and neglect, about cruelty and dismissiveness. I can tell you that a person's skin color or religion or hair cut or lack of haircut can be enough of an impetus for people to deny rights or access to basic needs such as healthcare. I can tell you about systemic racism and the failure of a nation to confront its own past and move towards a future that recognizes and celebrates differences. What I can't tell you is how I can sit in a therapy session with someone from a different background than my own and be sure that I am providing the best possible therapy for them. At least not yet.

I approached this project as an opportunity to address this shortcoming, knowing that this would barely scratch the surface of such a complex and diverse topic. By starting my focus narrow, with the Native American population in the Puget Sound region, I hoped to learn tactics and skills that I will be able to apply elsewhere in both my education and in my career. While I am most certainly not adequately prepared to serve this population, I have made progress—mostly in identifying how much farther I have to go. I had a really hard time once I sat down to write this paper. I learned a lot during my research for this assignment, and pushed myself to make connections with the Native community that I didn't have before, and step down from my preferred role as educator or instructor. I still feel that I haven't processed much of what I'm putting down here, and it makes this paper feel disjointed and confused.

My grandmother grew up on the Turtle Mountain Chippewa reservation in North Dakota. The youngest of six kids, she was the only one in her family not sent away to a boarding school to learn how to be a good Indian. She learned how to despise her ethnic background and see

nothing positive in her past. My mother grew up in the Civil Rights and Red Power era, and made a concerted effort to reclaim her heritage and see the power, resilience, and positivity that came with having a strong cultural identity. As a child, she took my sisters and me to pow-wows, potlatches, festivals, and community gatherings in and around the Puget Sound, especially to the Quinault reservation. My identity was shaped in part by these events.

But identifying as Native American and being a cultural competent health care provider don't just coexist automatically. My own history and experiences will likely be very different than those of my future clients. I recognize that I am the recipient of huge advantages that others don't have. My pink skin allows me go unnoticed in crowds, and to able to choose to whom and how my identity is revealed. My parent's grew up poor, but not in poverty, and while I certainly had to do without some things in my life, I always had food and shelter, and always knew that there was someone out there who would take care of me. I am aware of and immensely grateful for the privileges I have.

I am also aware that no matter how good a person I think I am, I am still a product of society, and my society is incredibly racist. I have thoughts that are rooted in racist assumptions, and I probably always will. But I have benefitted from growing up in a family that was not afraid to talk about racism and how pervasive it is. I learned, much earlier than most people, how to recognize those racist thoughts, analyze them, and discard them if I found them to be rooted in prejudice, stereotypes, or lies. This is an ongoing process. Every day, I learn new things that change my view of people or how I perceive past and current events. All this knowledge gets applied to those first thoughts, and sometimes it brings about a realization that, yep, that was racist. It's hard, and exhausting, and sometimes all I want to do is ignore it and say, "not my problem." But I can't. I won't let myself, because I hold myself to higher

standards. I don't want my actions to be based on racism or classism or sexism or age-ism or size-ism or any other broad assumptions about an incredibly diverse group of human beings. I may have those initial negative thoughts, but by being metacognitive I can become actively anti-racist in my actions. I also strive to think of everyone firstly as an individual. I try to force myself to come to them with as few stereotypes and preconceived notions as possible. This isn't perfect and I'm certainly worse in some cases than others, but I try to remember that there is always a story about how a person ended up where they are today.

For me, that idea of seeing a person as being in the middle of their own story helps me to avoid judging them based on preconceived notions. I can't know their history by looking at them: that homeless Native on the street isn't lazy, he's been let down by society in a hundred different ways, or never had that safety net in the first place, or gets turned away from facilities that might help because he isn't Christian enough for them. You can find good and bad people everywhere, so don't go into a meeting thinking that you know where it will go. There may be broad traits or histories that can be applied to groups, but you cannot underestimate the individual.

I am sure that in my past I have reacted negatively to Native Americans or in some ways perpetuated historical racism or stereotypes. I am not so naïve as to think that even though my childhood was filled with positive examples of Native Americans it erased all the other messages I was getting from other sources. I also know that I am ignorant of some cultural practices, and that there is no way that I, as an urban Indian, will have the same relationship to some things that someone more enculturated in traditional practices will. I used to really struggle with the concept of what it means to be a "real Indian," but the more I grow individually, and the more I educate myself and develop interpersonal relationships, the more I see that concept as inherently

damaging. Who gets to define real? As Annette Squetinkin-Anquoe, Colville and Traditional Medicine Liaison for the Seattle Indian health board asked, “if a person follows what we see as a good, healthy life, but isn’t full blood, are they less Indian than a full blood who is sick-minded or evil?” (personal communication, December 5, 2014). Furthermore, the huge diversity in the Native American population means that an individual’s receptiveness to treatment is going to fall somewhere along a huge spectrum. Not all Natives are deeply involved in their traditional cultures, while others are fully immersed and will have very different behavior in sessions than what you might be used to or expect. Talking with Native providers and researching the topic of cultural competence has given me some insight in ways I can best approach working with a Native American client. These won’t work with everyone, and not every provider will be able to make use of each idea, but they can serve as a starting point.

Knowledge

Understanding the long and troubled history of Native Americans in this country is important. You also have to understand the concepts of historical and intergenerational trauma. Even if your client doesn’t use that language, or identify the source of their trauma, you have to know that the story they are part of goes back generations (Goodkind et al., 2011). You have to be ready to treat all of that history your client carries as part of their narrative, and the fact that that history is still denied by many people that they might meet. This knowledge can’t lead to pity, though, as there are many positive aspects of Native culture as well. They are still here, still surviving and in many ways thriving.

Respect

For Native Americans, religion and medicine are linked, and their use of traditional Indian medicine is as important to them, or more important, as the treatments you have to offer.

Even if you don't personally agree with these beliefs, it is important to acknowledge and respect how crucial their practices and beliefs are to their wellbeing (Hollow, 1998). Respect also means understanding that the communities you are working in or with know what is best for them, and they will have their own answers to some of problems they face (Goodkind et al., 2011). Being familiar with your own biases and understanding the lasting effects of colonization can help therapists avoid blaming or victimizing their Native American clients, and foster respect for the individual and community.

Humility

Traditional Indian medicine kept Native Americans healthy and whole for tens of thousands of years prior to European contact. You don't have the only right answer for providing treatments to people. In fact, much of the knowledge you have was never trialed on Native Americans, and is based on scientific evidence that is intrinsically linked to Western culture and Western concepts of knowledge and truth. It is important to know this cultural context for treatment and interventions and to know the limitations of western practices (Goodkind et al., 2011). Their viewpoints and ways of life are being appropriated every day by mainstream culture because people see the value in notions of balance and belonging. They have as much to teach you as you have to teach them. It is vitally important for you to remove as much of the power imbalance as possible when working with Native Americans, and you can't do that without profound humility.

Some places, including the Seattle Indian Health Board have moved away from the phrase cultural competence in favor of cultural humility. Annette Squetinkin-Anquoe sees this concept as being much more client centered, as it promotes recognition of personal biases and can lead to even more client centered care. It also encourages the formation of genuine

partnerships, as it places value on both parties' knowledge and experiences (Goodkind et al., 2011).

Patience

Native Americans have a 500 year history of being betrayed by Europeans and their descendents. Any trust that might have existed is well and truly gone. You may have the best of intentions and done all your homework on their culture, but they will treat you like every other white healthcare provider they have encountered before, and they will have had bad experiences with those providers. You will likely have to prove that you are truly invested in their health, and if you aren't going to have the time to prove you are in it for the long haul, you may never see them open up to you. Don't assume that logic and scientific evidence will make them see your treatments as worthwhile or beneficial. And be ready to listen. Listen to long stories that may seem to be about nothing at all or completely unrelated to what you asked them. As one Native provider said, "listen, not so much to the words, but the feeling of the words. Hear the pain, sadness, the fear, and the loneliness, or the joy and the happiness" (Weaver, 2004).

Storytelling is a way of life for many Natives, and they will use stories to convey their values and beliefs, and information on what occupations they see as important and worth pursuing. You will also have to be comfortable with silences, and not feel compelled to talk just to avoid them, and never interrupt when your client or a family member is talking (Weaver, 2004).

There is no way to walk into an evaluation with a brand new client and know all the details about their client factors that would enable me to act in a culturally competent manner. That competence can't be fully taught in the classroom; it's more than a checklist you can apply to yourself, and in many ways you can only be truly culturally aware with personal experience. The best place to start is being the best occupational therapist I know how to be. The traits

valued by Native Americans include many traits that are valued by therapy organization like the American Occupational Therapy Association and here at the University of Puget Sound. The Intentional Relationship model can be used to develop meaningful relationships with clients, which carry with them an implicit respect for the person and their life and occupations. Taylor emphasizes building rapport and establishing relationships (Taylor, 2008), two traits that are also highly valued by Native Americans. Occupational therapy also has other models that fit with a more traditional world view. The Kawa model and its emphasis on the inseparability of self, context, and environment also mirrors the traditional concepts of balance and interconnectivity (Schell, Gillen & Scaffa, 2014). Start by being open, honest, accepting, and understanding. Provide the best therapy that you can, and understand that even your best might not be enough to address the complex history and present situation of a Native American client. Don't expect them to automatically respect or trust you, but never give up on the possibility either. Don't get so caught up in little details of what you think are culturally competent practices that you pigeonhole your clients, as this can lead to psychological essentialism and undue the competence you are trying to develop (Wendt & Gone, 2011). Samantha Phillips, Nisqually Tribal Health Services Director, suggests not even worrying about their Native American heritage. Be a good therapist, and as your relationship develops, let them tell you how you can be more aware and responsive and work on your cultural skills (personal communication, December 9, 2014). The story that has existed between Native Americans and healthcare providers in this country has been filled with lies, mistrust, broken promises, harmful actions and a lack of respect. We, as students of occupational therapy, have the opportunity to go out into the world and help to create a new narrative, a story that includes mutual respect and sharing of our knowledge.

References

- Goodkind, J. R., Ross-Toledo, K., John, S., Hall, J. L., Ross, L., Freeland, L., . . . Lee, C. (2011). Rebuilding trust: a community, multiagency, state, and university partnership to improve behavioral health care for American Indian youth, their families, and communities. *Journal of Community Psychology*, 39(4), 452-477. DOI: 10.1002/jcop.20446
- Hollow, W. B. (1998). Traditional Indian medicine. In J. M. Galloway, B. W. Goldberg, J.S. Alpert (Eds.), *Primary care of Native American patients: Diagnosis, therapy, and epidemiology* (pp. 31-38). Waltham, MA: Butterworth-Heinemann.
- National Alliance on Mental Illness. (2003). *American Indian and Alaska Native resource manual*. Arlington, VA: Jamie Grant and Teresa Brown.
- Oregon Center for Nursing. (2013). *Multnomah County Health Department presents: moving toward culturally competent care of the American Indian/Native Alaskan community* [Screencast video]. Retrieved from Screencast website:
<http://www.screencast.com/t/4A6xCxCw>
- Schell, B. A. B., Gillen, G., & Scaffa, M. E. (eds.). (2014). *Willard & Spackman's occupational therapy* (12th ed.). Baltimore, MD: Lippincott Williams & Williams.
- Taylor, Renee. (2008). *The intentional relationship: Occupational therapy and use of self*. Philadelphia, PA: E. A. Davis Company.
- Weaver, Hilary N. (2004). The elements of cultural competence: Applications with Native American clients. *Journal of Ethnic and Cultural Diversity in Social Work*, 13(1), 19-35. DOI: 10.1300/J051v13n01_02

Wendt, D. C., & Gone, J. P. (2011). Rethinking cultural competence: Insights from indigenous community treatment settings. *Transcultural Psychiatry*, 49(2), 206-222. DOI: 10.1177/1363461511425622